



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242826
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1242826

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Franklin County, KS
Well: Patterson #20
Lease Owner: TNT Energy

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
12/3/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
10	Soil & Clay	10
60	Shale	70
7	Lime	77
3	Shale	80
15	Lime	95
9	Shale	104
10	Lime	114
6	Shale	120
16	Lime	136
39	Shale	175
20	Lime	195
75	Shale	270
23	Lime	293
25	Shale	318
6	Lime	324
42	Shale	366
4	Lime	370
12	Shale	382
9	Lime	391
2	Shale	393
14	Lime	407
10	Shale	417
20	Lime	437
5	Shale	442
4	Lime	446
4	Shale	450
4	Lime	454
166	Shale	620
8	Grey Sand	628
5	Sandy Shale	633
2	Shale	635
31	Lime	666
16	Shale	680
5	Lime	685
51	Shale	736
6	Lime Sand	742
7	Oil Sand	749
4	Broken Sand	753
9	Grey Sand	762
38	Shale	800 TD



CONSOLIDATED
CEMENT SERVICES, LLC

1428

1375

Invoice #802571

TICKET NUMBER 50721

LOCATION Ottawa, KS

FOREMAN Cesey Kennedy

Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/4/14	8040	Patterson # 20	NE 32	15	21	FR
CUSTOMER TNT Energy LLC						
MAILING ADDRESS 28906 Orchard Rd						
CITY Paola		STATE KS	ZIP CODE 66071			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			729	Clasken	Safety Meeting	
			4166	Kei Car		
			558	Brv BK		
			370	Mik Fox		

JOB TYPE Logging HOLE SIZE 5 7/8" HOLE DEPTH 800' CASING SIZE & WEIGHT 2 7/8" PUE
 CASING DEPTH 795' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ck _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.60 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Gel followed by 5 bbls fresh water, mixed & pumped 117 sks 80/50 Pozmix cement w/ 2 1/2 gal per sk cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing, TD w/ 4.60 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	15 mi	MILEAGE		63.00
5402	795'	casing footage		
5407	material @ 84.75/sk	ton mileage	119.51	368.00
5502C	2 hrs	DD VAC		
1124	117 sks	80/50 Pozmix cement	1345.50	
1118B	397 #	Gel	87.34	
		materials	1432.84	
		30% Subtotal	429.85	
4402	1	2 1/2" rubber plug		1002.99
				2250
			2841.72	
		2.65% SALES TAX		78.99
		ESTIMATED TOTAL		2920.71

AUTHORIZATION No Co Rep on location TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.